

Nixon Has Slight Pneumonia

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LONG BEACH, Calif., Nov. 6—Former President Nixon has developed a slight case of pneumonia in his right lung, another complication to his recovery from an operation last week, his doctors revealed today.

Dr. John C. Lungren, Mr. Nixon's personal physician, said X-rays of the former President's chest "suggest a small area of pneumonitis" — which is the same as pneumonia.

Later, Connie B. Hamilton, chief nurse of the intensive care section at Long Beach Memorial Medical Center, where Mr. Nixon is being treated, said the pneumonia has affected only "a very small portion of the lung."

Nevertheless, it is another worrisome

sign for Mr. Nixon's doctors, who have had to treat the former President for a host of medical complications since they operated on him Oct. 29. The complications started six hours after surgery, with massive internal bleeding that threw him into shock and, according to Lungren, brought Mr. Nixon to the brink of death.

Pneumonia developed in an area of his right lung that doctors found last week to be inactive, a condition known as atelectasis. This condition was revealed by the doctors for the first time Tuesday.

Today the doctors said their tests showed that the atelectasis was due to pneumonia, ruling out speculation Tuesday night that Mr. Nixon had suffered a collapsed right lung.

Pneumonia is a common complication of patients who have been bed-ridden for long periods of time. Mr. Nixon has been in the hospital here for 15 days.

According to one specialist not connected with the case, bed-ridden patients are not often able to clear their lungs of fluid, and the more fluid they retain the more likely they are to develop a secondary infection such as pneumonia.

Generally, however, pneumonia clears up within a few days.

Mr. Nixon has suffered from lung complications since late last week. His doctors Saturday ordered him to cough and breath deeply in an effort to clear his lungs, and he has been receiving treatment with air pushed into his lungs

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under positive pressure to help them expand.

Today his doctors said they are giving him "effective antibiotic therapy" for his pneumonia.

The doctors said Mr. Nixon is running a slight fever, both as a result of the pneumonia and from the normal absorption by the body of a large blood mass in his lower left back. This mass of blood, or hematoma, developed from the internal bleeding that sent Mr. Nixon into shock after doctors placed a clothespin-like plastic clip on a vein in his left pelvis to form a blood gate that would stop potentially fatal clots from flowing to his lungs.

The doctors gave an encouraging report today about a problem in Mr. Nixon's left

lung—the presence of a small amount of fluid. They said that the X-ray showed the fluid "is continuing to diminish."

In general the doctors said that Mr. Nixon "is exhibiting slow but gradual improvement," but they kept him under the constant watch of a nurse in what the hospital called sub-intensive care.

Mr. Nixon is being encouraged to walk around the room a little more each day, and nurses said he tries to be on his feet when his family comes to visit.

Today the nurses who cared for Mr. Nixon when he went into shock eight days ago said that she and a Navy corpsman were helping the former President to stand by the side of his bed six hours after surgery when the critical episode began.

"He stated that he felt very weak," said Andrea Evanson, a nurse in the intensive care unit.

"We put him back into bed," she continued. "I checked his blood pressure, it had dropped considerably from previous levels. His respiratory rate increased. His pulse rate increased likewise."

"These are the classic signs of cardiovascular shock," she said.

Miss Evanson said that she lowered the head of Mr. Nixon's bed to a flat position to help blood flow to his brain,

gave him oxygen and increased the amount of intravenous fluid flowing in his veins. Then, when she was sure he was safe, she called Mr. Nixon's doctors.

She said the former President was unconscious for about a second while he was in shock, but he responded "virtually immediately" to her treatment.

"I realized that he was in a critical state and I did whatever I felt was necessary at the time to make him safe," she said.